

11/14/01
U.S. PTO

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09/992137

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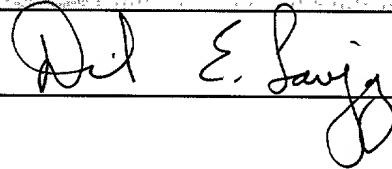
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|--|--|------------------------|--|
| UTILITY PATENT APPLICATION TRANSMITTAL | | Attorney Doc No | AMDH-08155US0 DEL |
| New nonprovisional application under 37CFR§1.53(b) | | First Inventor | Ronald Hilton |
| Box Patent Application Commissioner for Patents Washington, DC 20231 | | Title | MEMORY ADDRESS PREDICTION UNDER EMULATION |
| | | Express Mail No | EL622696054US |

| APPLICATION ELEMENTS | Pages | ACCOMPANYING APPLICATION PARTS | Pages |
|---|-------|--|-------|
| 1. <input checked="" type="checkbox"/> FEE TRANSMITTAL FORM (Duplicate) | 2 | 6. <input checked="" type="checkbox"/> Application Data Sheet | 2 |
| 3. <input checked="" type="checkbox"/> Specification | 17 | 8. <input checked="" type="checkbox"/> Return Receipt Postcard | 1 |
| 4. <input checked="" type="checkbox"/> Drawing(s) | 3 | | |

| | | |
|--|-------------------------------------|---|
| 18. CONTINUING APPLICATION DATA | | |
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) of <i>Prior Application</i> |
| <i>Prior Application: SC/Ser No: / , ; Group/Art Unit: _____</i> | | <i>Examiner _____</i> |

| | | |
|---|--|---|
| 19. CORRESPONDENCE ADDRESS | | |
| Name/Address | Customer No/Bar Code | Communication |
| David E. Lovejoy 4 Embarcadero Ctr., Suite 400 San Francisco, CA 94111-4156 | 21603  | Tel: (415) 362-3800 Fax: (415) 362-2928 e-mail:del@fdml.com |

| | | |
|---------------------------------------|---|--|
| SIGNATURE OF ATTORNEY | | |
| David E. Lovejoy (Reg. No. 22,748) |  | Signature Date: <input checked="" type="checkbox"/> November 14, 2001 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|--|--|---------------------------|-------------------|
| FEE TRANSMITTAL FORM (FY2001) | | Application SC/Serial No. | Unassigned |
| | | Filing Date | Herewith |
| | | First Inventor | Ronald Hilton |
| Total Amount of Payment: \$758.00 | | Examiner Name | Unassigned |
| | | Group/Art Unit | Unassigned |
| | | Confirmation No. | Unassigned |
| | | Attorney Doc. No. | AMDH-08155US0 DEL |

METHOD OF PAYMENT

Payment Enclosed: Check

Deposit Account: The Commissioner is authorized to charge any fee in excess of any Payment Enclosed, if any, and is authorized to charge any additional fees and credit any over payment required under 37CFR§§ 1.16 and 1.17 to the Deposit Account.

Deposit Account Number: 06-1325

Deposit Account Name: Fliesler, Dubb, Meyer & Lovejoy

Small entity status (37CFR§ 1.27) applies in this application.

CLAIM FEE CALCULATION

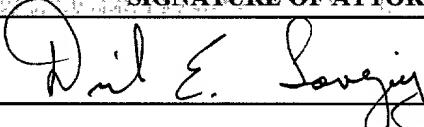
| | No. Filed | No. Paid | | No. Extra | | FEE | | Calculations |
|---------------|---|----------|---|-----------|---|-------|-------|--------------|
| Total Claims | 21 | -20 | = | 1 | X | \$ 18 | (9) | = \$ 18.00 |
| Independent | 3 | -3 | = | 0 | X | \$ 84 | (42) | = \$ |
| Multiple Dep. | | | | | | \$280 | (140) | = \$ |
| Basic Fee | <i>Utility Filing Fee (LF Code 114/SF Code 214)</i> | | | | | \$740 | (370) | = \$740.00 |

Small entity fees ↑ **Subtotal** \$758.00

ADDITIONAL FEES

| Fee Code | Fee Description | Amount |
|----------|-----------------|--------|
| | | |
| | | |

SIGNATURE OF ATTORNEY

| | | |
|---------------------------------------|---|--------------------------------------|
| David E. Lovejoy (Reg. No. 22,748) |  | Signature Date: November 14, 2001 |
|---------------------------------------|---|--------------------------------------|